

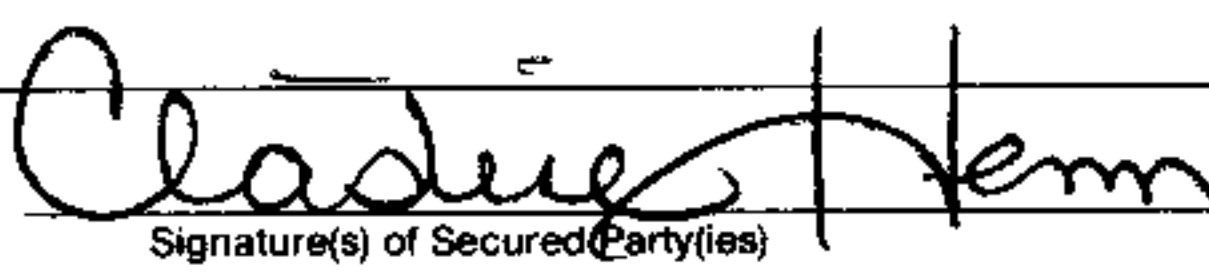
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# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE

## STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Registré, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to <b>CITICORP NATIONAL SERVICES., INC.</b> formerly known as: <b>CITICORP ACCEPTANCE CO., INC.</b> 15851 CLAYTON RD. ST. LOUIS, MO 630112297  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
2. Name and Address of Debtor (Last Name First if a Person)  <b>KNOWLES, DOROTHY J.</b> 1757-B WOODBROOK TRL ALABASTER, AL 35007-8928  Social Security/Tax ID # _____		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             Inst # 1995-11659              05/04/1995-11659              11:02 AM CERTIFIED              SHELBY COUNTY JUDGE OF PROBATE              001 SNA 15.00           </div>
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <b>CITICORP NATIONAL SERVICES., INC.</b> formerly known as: <b>CITICORP ACCEPTANCE CO., INC.</b> 15851 CLAYTON RD. ST. LOUIS, MO 630112297 Social Security/Tax ID # _____		
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>012359</u> Filed with <u>SHELBY COUNTY</u>		Date Filed <u>8/7</u> 19 <u>85</u>
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		
11.  <div style="display: flex; justify-content: space-between;"> <span>008 524298</span> <div style="text-align: right;">             11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  <u>6 0 0</u>    <u>6 0 2</u>              _____              _____              _____              _____              _____              _____              _____           </div> </div>		
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		
Signature(s) of Debtor(s) _____  Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____  Type Name of Individual or Business _____		<div style="text-align: center;">               Signature(s) of Secured Party(ies) _____               Signature(s) of Secured Party(ies)  <b>CITICORP NATIONAL SERVICES, INC.</b>              Type Name of Individual or Business _____           </div>